PATENT APPLICATION FEE DETERMINATION REC

Application or Docket Number

10/532348

	CLAIMS AS FILED - PART I						10/532348				
1							NTITY	TTY OTHER THAN			
Ī	J.S. NATION	AL STAGE FEE	s (Column 1)	(Column 2)	TYPE		0	R SMA	HER THAN	
В	ASIC FEE					RATE	FEE		RAT	E FE	
	XAMINATION FEE			ENT. = \$ 150 PCT Article 33(1)-	LARGE ENT. = \$ 300	S. O.C. LEE		0	R BASIC FEI	13.	
H			(4) =	\$ 50 / \$ 100 A = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200	EXAM. FEE	1	7	EXAM. FEI	Po	
SEARCH FEE FEE FOR EXTRA SPEC. PGS. TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS			. ALL oth	er countries = 00 / \$ 400	All other situations = \$ 250 / \$ 500	SEARCH FEE	 	1		αu	
			1.	minus 100 =	/50 =	 		4	SEARCH F	EE 40	
			-2	minus 20 =		X \$ 125 =	ļ	1	X \$ 250	=	
			13	minus 3 =		X \$ 25 =		OR	X \$ 50	=	
МU	ILTIPLE DEPE	NDENT CLAIM F	PRESENT			X \$ 100 =		OR	X \$ 200	=	
		e in column 1 i		'ero enter "o"	in column	+\$ 180 =	·	OR	+ \$ 360	=	
						TOTAL		OR	TOTAL	900	
	CLAIMS AS AMENDED - PART II										
AMENDMENT A	CLAIMS			(Column	(SMALLE	NTITY	OR	OTHE SMALL	R THAN ENTITY	
		REMAINING AFTER		NUMBER PREVIOUS	R PRECEIP	RATE	ADDI-			ADDI-	
	Total	*	Minus	PAID FO	R		TIOŅAL FEE	. [RATE.	TIONAL FÉE	
	Independent	*	Minus	***		X \$ 25 =		OR	X \$ 50 =		
	FIRST PRES	ENTATION OF I	1		=	X \$ 100 =		OR	X \$ 200 =	1	
				PENDENT CLA	IM []	· + \$ 180 =		OR	+ \$ 360 =		
	•	:				TOTAL ADDIT.		OR T	OTAL ADDIT.		
7		(Column 1)		(Column 2	(Column 3)			•			
		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		ADDI- IONAL FEE	Γ	RATE	ADDI- TIONAL	
	Total	*	Minus	**	=	X \$ 25 =		OR.	V 6 50	FEE	
	ndependent	*	Minus	***	=	X \$ 100 =		-	X \$ 50 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			И	+ \$ 180 =		-	\$ 200 =			
			· .			TOTAL ADDIT.		ــــــا	\$ 360 = TAL ADDIT.		
						FEE		r, ···	FEE		
U	the entry in colum	on 1 is less than the	entry in only	8			•	:		ŀ	
effi * lf i	the "Highest Num	ber Previously Paid ber Previously Paid	For IN THIS SE	2, write "0" in colum PACE is less than "	nn 3. 20', enter "20"	• •					
61	ure mignest Num	ber Previously Paid er Previously Paid er Previously Paid	For IN THIS SP	ACE is loss than t	ev, ciner ZU.	ne appropriate box in co					